

Doctor-patient communication in a culturally hierarchical context of Southeast Asia : a partnership approach

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Summary

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The aim of this dissertation was to seek approaches to communication and communication training that can promote the actual implementation of a partnership doctor-patient communication style in a Southeast Asian context. For centuries the main tasks of health professionals all over the world have been to identify patients' problems and decide which treatment will be most beneficial. In the mid 20th century, however, it began to be realized that these fundamental tasks take place within the interaction between health professional and patient in so far as the latter is able to communicate. Without this interaction, the two main tasks of health professionals cannot be executed effectively, doctors and patients will not be satisfied, and treatment success may be questionable. Many doctor-patient communication guidelines developed in Western contexts favor a partnership communication style. However, there are no similar guidelines developed specifically for the Southeast Asian context, which differs from the Western context in cultural characteristics, the clinical education environment, and the social and organizational environment in which health care services are delivered.

This dissertation contains eight chapters of reporting research, a summary, a reflection of the author on the PhD process, and acknowledgments.

Chapter 1 introduces the aim of this dissertation. It reviews the main tasks of health professionals and the importance of the interaction between health professionals and patients. Guidelines from Western and non-Western contexts were explored in a literature review, which yielded only few studies that dealt with doctor-patient communication in a Southeast Asian context and no guideline for doctor-patient communication specifically developed for this context. Based on the literature review, four research questions were developed that guided the studies that were conducted to gain insight into issues around the use of a partnership style of doctor-patient communication in a Southeast Asian context. The research questions that directed the studies in this dissertation are: 1. What is the current doctor-patient communication style in a Southeast Asian context? 2. What are doctors' and patients' perceptions regarding the current generic doctor-patient communication guideline, which emphasizes the partnership consultation style?; 3. What kind of doctor-patient communication guideline would seem more suitable for patients in a Southeast Asian context?; 4. How can a doctor-patient communication guideline tailored to Southeast Asian culture be introduced to medical teachers in that context?

Chapter two presents a study conducted in an Indonesian teaching hospital comparing doctor-patient communication styles used by medical residents who had and who had not received communication skills training according to an adapted Western guideline during their undergraduate training. The study focused on the current style of doctor-patient communication, i.e. on the first research question. Residents and patients from different clinical departments evaluated doctor-patient communication during consultations. The residents who had taken part in a longitudinal communication skills program were more aware of the shortcomings of their communication skills compared to the residents who had received no communication training. But the study also demonstrated that communication training based on an adapted Western guideline had not been successful in making residents adopt a style that was considered satisfactory by patients. Patients were not satisfied with residents' communication skills, irrespective of residents' prior training.

Chapter three presents qualitative and quantitative studies of doctor-patient communication. The first research question was explored in a study in internal medicine settings in the same Indonesian teaching hospital where the previous study was conducted. Internal medicine residents, patients and medical students answered questions assessing patients' and residents' contributions to the communication during consultations. The second research question was addressed by exploring doctors' and patients' perceptions regarding the partnership communication style in interviews with residents, specialists, patients of different educational levels, and medical students in the same internal medicine settings. All groups of participants indicated that the doctors dominated the communication and that patients' contributions were relatively small. The interviews showed that all participating groups, i.e. residents, patients from different educational backgrounds, and medical students, preferred a partnership communication style that was characterized by trust, equity, and a two-way exchange of information. Three barriers to attaining this ideal were identified. First of all, communication was impacted by time constraints due to doctors' high patient load, caused by the rather unstructured health care system. The second barrier was patients' unpreparedness for a partnership communication style due to the wide educational and social gap between doctors and patients in a country where over half of the population only attends six years of primary school and less than twenty percent attend higher education. The third barrier was doctors' inadequate communication skills due to lack of proper communication skills training. Although the third barrier was not explicitly mentioned by residents, patients, or students its presence was revealed by the qualitative analysis of the interviews. Figure 3.1 in Chapter 3 illustrates

the conflict between the desired partnership communication style and the rather paternalistic style that was found to prevail in the consultations that were studied.

Chapter four investigates doctor-patient communication in a study in which doctor patient communication during consultations was audio-recorded and analyzed using the Roter Interaction Analysis System (RIAS), an internationally recognized method that has been used in many studies in different countries. We analyzed the interaction between internal medicine residents and patients in internal medicine outpatient clinics. This study revealed that the prevailing communication style was a paternalistic one, thereby supporting the findings of the previous studies and confirming that doctors in an Indonesian teaching hospital did not actually apply the partnership communication style even though they claimed this was the style of preference for them.

Chapter five presents a study exploring which cultural characteristics influenced doctors' and patients' perceptions regarding communication. We interviewed internal medicine residents and internal medicine specialists from the teaching hospital where the earlier studies were conducted and from two other affiliated hospitals and patients with different educational backgrounds. We used the grounded theory methodology to analyze the interviews for emergent cultural factors that appeared to be significant for understanding the perceptions of people in a Southeast Asian context with regard to the partnership style of doctor-patient communication. The aim was to identify characteristics of a Southeast Asian context that could be helpful in developing a communication guideline tailored to this specific context. The analysis revealed eight cultural characteristics, which could be classified as characteristics that widen and characteristics that narrow the social hierarchical distance between people. A remarkable finding was that doctors tended to emphasize cultural characteristics that widened the distance, whereas patients focused on characteristics that narrowed the social gap. These differences in preference between doctors and patients showed the mechanism underlying the dominance of doctors' ideas over those of their patients. A paternalistic communication style prevailed, because doctors emphasized their higher position in the cultural social hierarchy. The study also revealed three characteristics of the clinical and societal environment that favored a paternalistic interaction style: a lack of role models demonstrating a partnership style of doctor-patient communication in the clinical setting, the fact that students do not actively participate in health care during their clinical training, and the traditional agrarian culture, which leads to patients' lack of punctuality in turning up for appointments.

Chapter six reports the development and validation of a guideline for doctor-patient communication skills based on principles of partnership and enriched with cultural characteristics of the Southeast Asian context. In developing the guideline we used a qualitative approach with in-depth interviews with Southeast Asian communication skills teachers. In order to validate the guideline we performed another qualitative study in which we conducted in-depth interviews with communication skills experts (teachers and researchers) who had published scientific articles on doctor-patient communication in an Asian context. The guideline incorporated cultural characteristics which were considered desirable by Southeast Asian patients and which influenced patients' communication with doctors, and also educational consequences with regard to the specific communication skills required. The strong social hierarchy in Southeast Asia requires health professionals to explicitly encourage patients to engage in two-way communication with them by giving unequivocal (non-verbal) signs that they are willing to help patients, by greeting patients as if they are a family member, and by being alert and prepared to respond to any subtle non-verbal cues from patients. Southeast Asian society is characterized by strong ties within families, among relatives, and within local communities. Health professionals should take account of patients' individual preferences in clinical decision making, but at the same time involve the patient's social environment by inviting family members to contribute to successful clinical decision making, after the patient's consent has been obtained. People in a Southeast Asian culture use very subtle ways to express their concerns, and mostly non-verbal expressions of politeness are a fundamental aspect of communication. Health professionals should be aware that, when a patient nods or says "yes", this does not necessarily imply agreement. It is equally likely that the patient intends to give a polite response to a health professional who is perceived to be of a higher social hierarchic level. Another important cultural characteristic is the widespread acceptance of traditional medicine. Health professionals should master skills of informed and shared decision making in order to properly negotiate with patients about the use of traditional as well as evidence-based medicine.

Chapter seven investigates the introduction to medical teachers of the validated guideline for doctor-patient communication tailored to the Southeast Asian context. An eighteen-month participative study using a combined qualitative and quantitative approach was conducted to facilitate the use of the Southeast Asian guideline by medical teachers in that context. Teachers were invited to write a chapter in a book on doctor-patient communication based on their clinical expertise and the literature. The teachers were also involved in a communication skills workshop for other staff members and internal medicine residents. The chapters written by the teachers were

analyzed for inclusion of aspects of the guideline described in Chapter 6, and teachers' behavior towards colleagues and residents was observed to examine whether they used a partnership communication style. Residents' perceptions regarding knowledge and behavior were obtained and their communication behavior with simulated patients was observed after participation in the workshop. The results showed that the teachers did comprehend the ideas of the guideline for a partnership style of doctor-patient communication. Nevertheless, in the chapters they wrote they made no explicit mention of the specific Southeast Asian cultural characteristics and only few teachers were able to translate their understanding of the guideline into concrete directions for learning. Furthermore, in communicating with colleagues and residents the teachers mostly used a one-way communication style. The residents evidenced understanding of partnership communication in relation to the use of traditional medicine, but, overall, they used a one-way communication style in encounters with simulated patients of different educational levels.

Chapter eight presents the general discussion of the studies in this dissertation. The research findings are discussed as well as the limitations of the studies, and recommendations are made for the development of an educational design for doctor-patient communication skills training in Southeast Asia. A fundamental barrier to implementing effective training of the skills required for the desired partnership communication style in a culturally hierarchic context is also discussed. This barrier relates to the timing of the introduction of such a style. It is not easy to start learning a communication style that is rather foreign to the cultural setting as late as in higher education. Acquiring such a style requires participative and reflective training, and this should preferably start earlier, at primary and secondary educational levels. If communication skills training that require participative interaction and reflective thinking starts at a higher education level, it can only be successfully implemented if many conditions are met. A crucial condition is commitment from participants and the director of the institution from the very start of the training program and continuing through later stages when a more systematic and structured training design has been developed. Although we developed and validated a guideline for partnership communication between doctor and patient in a Southeast Asian context, studies in the area of communication skills training and the transfer of these skills to clinical practice in Southeast Asia are still in the preliminary stages at this point. Those involved in the development of communication skills training in this context should acknowledge the impact of the fundamental hierarchic culture and the effects of social inequity on interactions between people. Attempts to combine the inherently conflicting styles of participative communication skills training and a culturally

determined inclination to one-way communication are bound to run into difficulties and those engaged in this process will need perseverance and patience to overcome the challenges. The process of achieving the ideal doctor-patient communication style to which all parties aspire will have to be supported by many further studies in many areas.